



Data Consortium:

Leveraging Kansas health data to advance health reform via data-driven policy

April 7, 2010

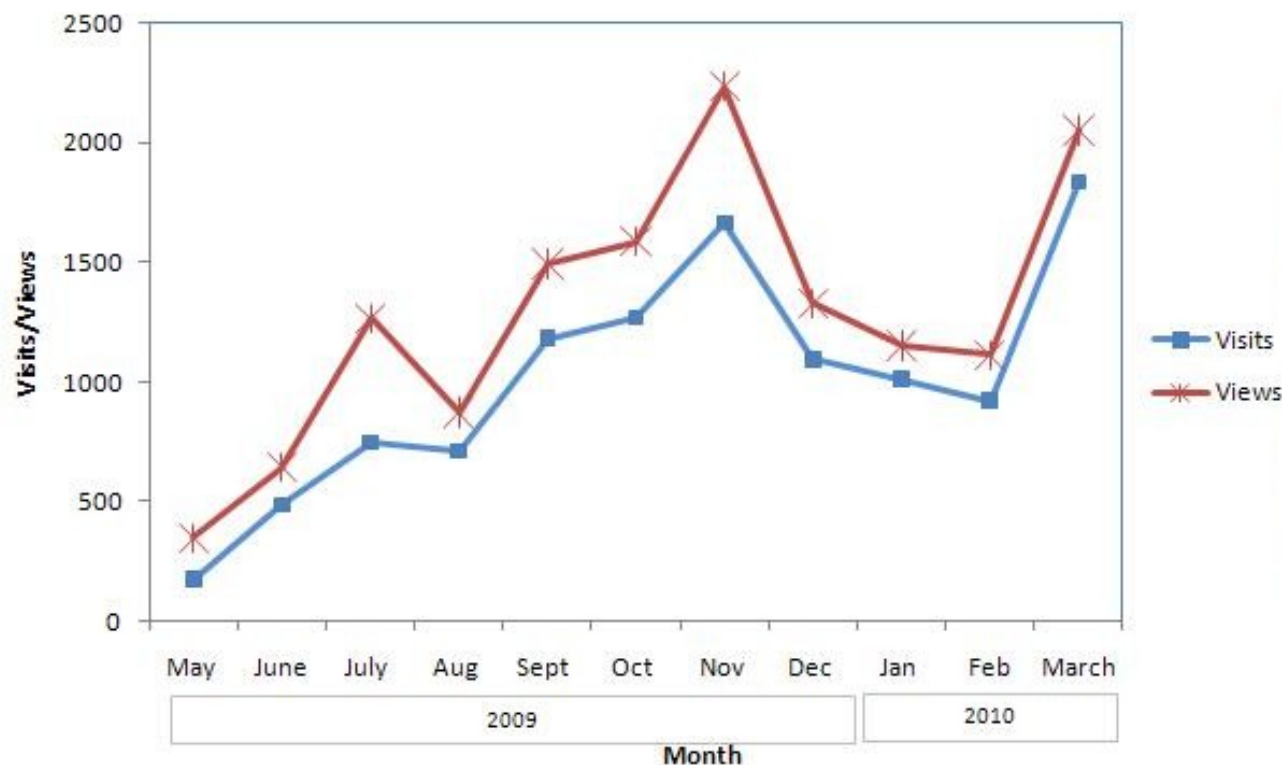
Introductions

Kansas Health Indicators Document Updates

Recent Enhancements

- Review of data and addition of annotations to help interpretation:
 - E.g. Pregnant women who receive prenatal care in the first trimester of pregnancy
- Ongoing effort based on user feedback
- Suggestions welcome from Data Consortium members

Kansas Health Indicators – Monthly Usage Statistics



Month	Visits	Views
May	174	348
June	486	643
July	747	1267
Aug	712	874
Sept	1181	1493
Oct	1268	1587
Nov	1665	2234
Dec	1095	1330
Jan	1011	1153
Feb	921	1112
March	1836	2051

- Continuing collection of indicator-level usage statistics:
 - Useful for dynamic, user-driven content management
 - Can help prioritize indicators based on interest to users
 - Optimization of display to minimize “information overload”

Kansas Health Indicators – User Interest Analysis

(Analysis of monthly usage stats: June 2009-March 2010)

- Methodology to capture both level of interest (based on frequency of viewing) as well as how recent the indicator was of interest to users
- Top 20 indicators determined every month based on number of views
- Cumulative distribution of number of times in monthly top 20 lists as well as the most recent date the indicator appeared in a top 20 list displayed graphically

AHRQ National Emergency Dept Sample (NEDS)

NEDS Overview

- Largest All-Payer database on ED visits regardless of whether they result in admission:
 - 20% stratified sample of US hospital-based EDs
 - 2006 dataset: 26M ED visits, 24 states, 950 EDs
 - 2007 dataset: 27M ED visits, 27 states, 970 Eds
 - Kansas is in both 2006 and 2007 datasets
- Developed under AHRQ HCUP
- Combines data for ED admits that result in hospitalization (State Inpatient Databases – SID) and treat-and-release ED visits (State Emergency Dept Databases – SEDD)

NEDS Data Elements

- Includes over 100 variables describing:
 - Geographic characteristics,
 - Hospital characteristics,
 - Patient characteristics, and
 - Nature of visits (e.g., common reasons for ED visits, including injuries)
 - ED charge information for over 75% of patients, regardless of payer, incl. Medicaid, private insurance, and uninsured
- Excludes data elements that could directly or indirectly identify individuals, hospitals, or states.

NEDS Data Elements (cont'd)

- Diagnoses and procedures (Primary and secondary; ICD-9-CM, CPT-4)
- Discharge status from the ED
- Patient demographics (e.g., gender, age, median income for ZIP Code)
- Expected payment source
- Total ED charges (for ED visits) and total hospital charges (for inpatient stays for those visits that result in admission)
- Hospital characteristics (e.g., region, trauma center indicator, urban-rural location, teaching status).

NEDS Purpose

- Audience: Public health professionals, administrators, policymakers, researchers, and clinicians
- Uses:
 - Utilization and charges of ED services
 - Quality of ED care
 - Impact of health policy changes
 - Access to care
 - Utilization of health services by special populations
 - Medical treatment effectiveness
 - National estimates of ED visits

NEDS – Technical Details

- Format: DVD, Comma-separated-value (csv) file; 10 GB
- Required statistical software (SAS, SPSS) for analysis
- Users need to sign a Data Use Agreement
- \$500 for 1 year of data
- Documentation: <http://www.hcup-us.ahrq.gov/db/nation/neds/nedsdbdocumentation.jsp>

Kansas Healthcare Collaborative (KHC) Quality Summit

Data Analytic Interface (DAI) Update

DAI Status

- January 2008 - Vendor proposals reviewed (technical & cost) to shortlist top vendors
- February 2008– Vendor presentations and first round of negotiations
- February 2008 – Revised cost proposals from all 3 vendors received
- March 2008 – Site visits to clients of potential vendors (reference checks)
- March 2008 – Best & Final Offers Received
- April 2008 – Decision and Proposal sent to CMS
- June 2008 – CMS & KITO approval of vendor selection
- June/July 2008 – Pre-JAD sessions with user groups commenced
- July 2008 – Final Contract Negotiations completed.
- July 2008 – Contract signed and awarded to Thomson Reuters
- August 2008 – Weekly planning meetings commenced and are ongoing
- September 4, 2008 – Work plan approved by KHPA and KITO; Execution started
- September 30, 2008 – Requirements gathering completed from all project stakeholder teams
- October 7, 2008 – Data Summit to normalize all data sources into one database
- October 8, 2008 – Combined Requirements Review and Kick-off
- November 25, 2008 – Requirements Summary Document approved
- March 4, 2009 – Integrated data model approved
- July 9, 2009 – System Integration Test 1 Complete (3 months of data)
- August 3-5, 2009 – Tester Training
- August 17-29 – System Integration Test 2 (3 years of data) and User Acceptance Testing 1
- December 2009- User Acceptance Testing 2
- January 25, 2010 – MMIS/SEHP first production release launched
- February 3, 2010 – First public demonstration of Kansas DAI production release
- March 2010 – KHIIS data assessment and integration discussions underway
- April 2010 – Public sharing of developmental DAI draft reports
- May 2010 – Augmentation of Medicaid data to include 5 years of history

Data Consortium Agenda - Advancing Data Policy

Today's Focus Areas:

1. Health Professions Workforce Data
Workgroup Update

2. Data Analytic Interface

Developmental Draft Reports for Health
Transparency

Health Professions Workforce Data Collection

[http://www.khpa.ks.gov/data_consortium/Health_Professions
_Workforce_Data.html](http://www.khpa.ks.gov/data_consortium/Health_Professions_Workforce_Data.html)

Health Professions Workforce Data Workgroup Update

- **Goal:** *To review current Kansas licensure data, identify gaps, and determine how best to obtain additional data necessary to support statewide workforce planning while minimizing the cost/burden to providers and associations for collecting it.*
- **Strategy:** Collaborative effort between suppliers, regulators, and users of workforce data to :
 - Conduct a comprehensive needs assessment
 - Identify gaps in current data
 - Brainstorm opportunities to optimize data collection to match needs, taking into consideration the cost and burden to providers
- **Members:**
http://www.khpa.ks.gov/data_consortium/Team%20Members/Health_Prof_Workforce_WrkGrp.pdf

Health Professions Workforce Data Workgroup Update (cont'd)

- First workgroup meeting held November 6, 2009 in Topeka
 - Focus: **Comprehensive Needs Assessment**
 - » KU Physician Workforce Report (2007), Oral Health Workforce Assessment (2007/2009) study recommendations
 - » HPSA/MUA designation-related needs
 - » Environmental scan (Other state initiatives: NC, TX, FL, CA, HI)
 - » Workgroup member suggestions from multi-organizational perspectives

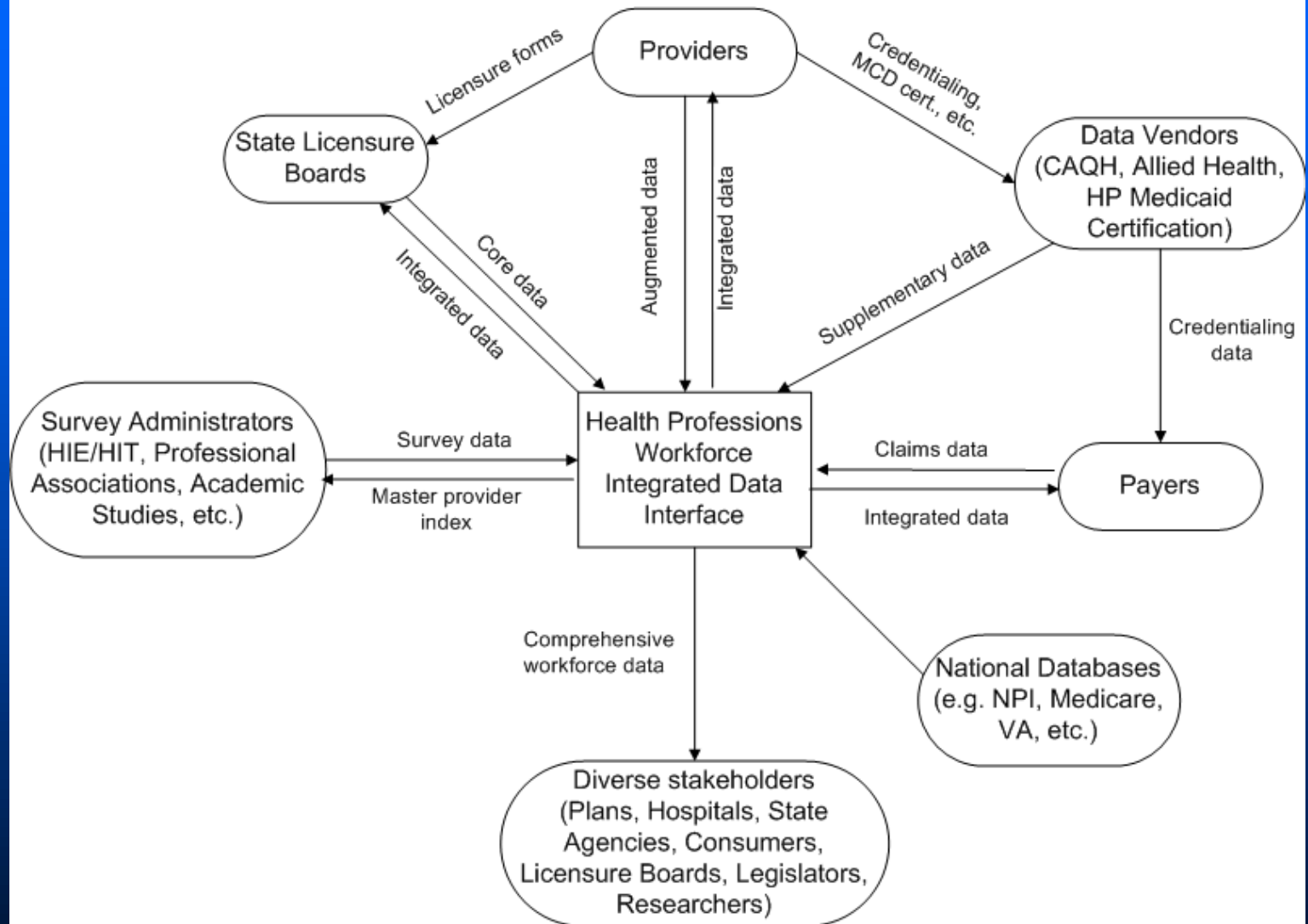
Health Professions Workforce Data Workgroup Update (cont'd)

- Second workgroup meeting held January 15, 2010 in Topeka
 - Focus: **Gap / Feasibility Analysis**
 - » A table of all data currently submitted by Boards to KHPA and KDHE was matched with needs to identify gaps (additional data elements needed)
 - » A comprehensive review of elements on Application, Renewal, Reinstatement, and Reciprocity forms used by the 8 Boards (80 provider forms and 15 business forms) was conducted
 - » Member comments on potential data collection challenges incorporated into an online matrix

Health Professions Workforce Data Workgroup Update (cont'd)

- Third workgroup meeting held March 30, 2010
 - Focus: Brainstorming solutions and crafting recommendations
 - » Draft Workgroup Recommendations
 - » Proposed Data Collection Model (Strategy 3)
 - » Proposed Kansas Minimum Dataset
 - *Proposal being shared with Data Consortium today for feedback*

SCHEMATIC DRAFT – PROPOSED MODEL



The background of the slide features a series of parallel diagonal stripes in two shades of blue, creating a sense of movement and depth.

DAI Draft Reports: *Health Transparency*

DAI Developmental Draft Report Samples

- Medicaid-SEHP Pricing Comparisons for:
 - Provider Services by Type
 - Durable Medical Equipment (DME) by Procedure Codes
 - Pharmacy by Therapeutic Class

NOTE: For above reports, any price indices reported are based on the highest detail-level claims data.

DAI – Report Ideas

- Medicaid/SCHIP (MMIS)
 - Five years history
- State Employee Health Program (SEHP)
 - Five years history
- KHIIS
 - No initial historic data load, but accumulated over time
 - Legacy data will be stored on KHPA SQL server

Consortium members are invited to suggest ideas for analyses using the cross-database capabilities of the DAI

Example: Cost and volume driver comparisons between Medicaid, State Employee Health Plan, & KHIIS

What types of other MMIS-SEHP, MMIS-KHIIS, SEHP-KHIIS, MMIS-SEHP-KHIIS comparisons or integrated analyses will be of greatest interest to various stakeholders?

Open Discussion & Next Steps

Future Meeting Dates

(Tentative)

- July 15, 2010 (Thursday), 1:00 pm



<http://www.khpa.ks.gov/>